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TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

XXXXXX
New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

3-6-64

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Continental Oil Company

Nolan

Well No. 3

NE

SW

(Company or Operator)

(Lease)

K

Sec 11

T 21S

R 37E

NMPM

Blinebry

Pool

Unit Letter

Lea

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

1980' FSL & 1980' FWL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	339	250
9 5/8	5676	1200
7	4973	625
2 3/8	5728	

County Date Spudded w/o 2-14-64

Date Drilling Completed w/o 2-16-64

Elevation 3446 KB

Total Depth 7492

PBTD 6685

Top Oil/XX Pay 5738

Name of Prod. Form. Blinebry

PRODUCING INTERVAL 5738, 5750, 5756, 5760, 5768, 5782, 5793, 5810, 5819, 5833, 5845, 5856, 5864, 5881, 5896, 5915, 5922, 5932, 5938, 5950,

Perforations 5954, 5982, 5998, 6013, 6018, 6032, 6038, 6047' w/1 JSPF.

Open Hole -

Depth -

Depth 5728

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 135 bbls. oil, 4 bbls. water in 12 hrs, 0 min. Choke Size 22/64

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

EFFECTIVE JANUARY 31, 1977,

SKELLY OIL COMPANY MERGED

INTO GETTY OIL COMPANY

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Treated in 3 stages. 1st stage: Acidized perfs 5950-6047*

Casing 900 Tubing 350 Date first new 2-27-64

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter Skelly Oil & Gas Company

Remarks: *w/1000 gals acid; fraced w/30,000 gals crude, 20,000# sand & 1500# "ADOMITE" additives. 2nd stage: Acidized perfs 5833-5938 w/1000 gals acid; fraced w/30,000 gals crude, 22,000# sand & 1500# "ADOMITE" additives. 3rd stage: Acidized perfs 5738-5819 w/1000 gals acid, fraced w/30,000 gals crude, 20,000# sand & 1500# "ADOMITE" additives.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: _____, 19 _____

Continental Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ (Signature)

By: _____

Title Staff Supervisor

Send Communications regarding well to:

Name Continental Oil Company

Box 460, Hobbs, New Mexico

Title

(11) (11) (11) (11) (11) (11) (11) (11) (11) (11)